

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3			1			
4						
5						
6						
7						
8	1					
9						
10		1				
11						
12						
13						
14						
15			1			
16	1					
17		1				
18			1			
19	1					
20		1				
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47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	12					
TOTAL CLAIMS	16					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						